



Qualified Provider Calculation Sheet

1. INCOME INFORMATION

- a. Pregnant Woman's Income \$ _____
- b. Husband's Income (if married) \$ _____
- c. Parent's Income (if living with
parents and under 18) \$ _____
- d. TOTAL (income) \$ _____

2. Compare the TOTAL (1.d.) to the FPL Chart for the Household Size.

3. Is the Pregnant Woman eligible for PE? Yes _____ No _____

4. If not eligible for PE, give reason for denial:

- _____ Over Income _____ Non-Citizen
- _____ Not a Wyoming Resident _____ Current Medicaid Enrollment
- _____ Limited to 1 PE per Pregnancy

5. Denial or Approval Notice given to Pregnant Woman? Yes _____ No _____

6. Did applicant sign the Rights and Responsibilities? Yes _____ No _____

7. ELIGIBLE BEGINNING ____/____/____
ENDING ____/____/____

8. QUALIFIED PROVIDER NAME _____
PHONE _____

9. When complete, email to eceligibilityunit@wyo.gov or fax to 307-777-7085.

Household Size	2	3	4	5	6	7	8	9	10	11	12	13 Or more
154% FPL	\$2,236	\$2,819	\$3,401	\$3,984	\$4,567	\$5,149	\$5,732	\$6,314	\$6,897	\$7,480	\$8,062	Add \$583 Each
5% Income Disregard, if it will make a difference in eligibility (deduct)	\$72.60	\$91.50	\$110.45	\$129.35	\$148.25	\$167.20	\$186.10	\$205.00	\$223.95	\$242.85	\$261.75	5% of 100% FPL